Organization ID # 0755315 Commonwealth of Kentucky State of origin KY
Filing fee \$130.00 Alison Lundergan Grimes, Secretary of

0755315.06

mstratton LRPF

Alison Lundergan Grimes Kentucky Secretary of State Received and Filed:

2/19/2015 11:00 AM Fee Receipt: \$130.00

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Reinstatement Application and Reinstatement Annual Report For the years 2014 through 2015

**RST** 

Exact limited liability company name and principal office address
SUMMER GARDEN APARTMENTS LLC
1892 CHARLBURY COURT
LEXINGTON KY 40505

The principal office address and registered agent name/office address cannot be changed on this form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the reinstatement is filed, the statement of change can be filed online at <a href="mailto:app.sos.kv.gov/ftsearch">app.sos.kv.gov/ftsearch</a> or can be downloaded from our website.

Registered Agent and Registered Office Address

JOYCE E. BOOKER 1892 CHARLBURY COURT LEXINGTON, KY 40505



<b>Members</b> - List the name and address of the limited liability LLCs are not required to list their members.	company's members. If not specified, add	resses default to the LLC's pri	ncipal office address Member-managed
JOYCE E BOOKER			
The above entity was administratively dissolved o 2014. The undersigned states that the grounds fo satisfies the requirements of KRS 275.295. Enclosured the penalty of perjury, the below signed hereby information pertaining to SUMMER GARDEN APA	r dissolution either did not exist sed is a check in the amount of authorizes the Kentucky Depa	t or have been eliminat f\$130.00, payable to K irtment of Revenue to r	ed, and the entity's name Centucky State Treasurer. release any applicable tax
KRS 271B.14-220.	TITIMENTO LEO TO THE OCCICIO	ry or otate, as required	nor remstatement parsuant to
If not an officer of said envity, please provide a De	claration of Power of Attorney v	with the Reinstatement	Application.
Signature of meniber or manager (Required)	Title (Red	quired)	Date (Required)



THOMAS B. MILLER
Commissioner

## FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

**ELYSE WEIGEL**Deputy Commissioner

BOB BROOKS
Executive Director

February 19, 2015

SUMMER GARDEN APARTMENTS LLC 1892 CHARLBURY COURT LEXINGTON KY 40505

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **SUMMER GARDEN APARTMENTS LLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2013, and has paid the taxes shown to be due or assessed as of the date of this letter. The Department of Revenue requests the company's charter be reinstated provided all other requirements of the Secretary of State have been met by the limited liability company. This letter is valid for 30 days from the date of this letter.

Sincerely,

Holly REVX186, Revenue Auditor I Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7263 FAX# 502-564-0058

Kentucky Secretary of State organization number 0755315

